

Address Missing
National Stage Processing
Paragraph Symbols
(703) 205-3739

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **0 601912**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		2		2			53					
4		2		2			54					
5		0		1			55					
6		0		0			56					
7		0		0			57					
8		0		0			58					
9		0		0			59					
10		0		0			60					
11		0		0			61					
12		0		0			62					
13		0		0			63					
14		0		1			64					
15				1			65					
16				2			66					
17				2			67					
18				1			68					
19				2			69					
20				2			70					
21							71					
22							72					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.	15		25				TOTAL DEP.					
TOTAL CLAIMS	16		26				TOTAL CLAIMS					